

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: BURLEIGH HOUSE (310066)

Address: 8221 W BURLEIGH ST, MILWAUKEE, WI 53222

License Status: REGULAR

Licensed/Certified/Registered 09/24/1985

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096245 **End Date:** 12/14/2005 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009125 Served 01/20/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION		
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(g)	FAIR TREATMENT		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.35(1)(i)	WHEN RESIDENT PREPARES OWN MEALS		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.42(4)(a)	EMERGENCY PLANNING FOR CERTAIN RESIDENT		

Survey ID: 0091075 **End Date:** 09/18/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Enforcement History

Date: 01/12/2006 **SOD #**10009125 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
PROVIDE TRAINING
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(p)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Complaint History

Date Complaint Received: 09/13/2005

Date Investigation Completed: 12/14/2005

Subject Area(s)

ABUSE

Result

SUBSTANTIATED

SOD #

10009125

Date Complaint Received: 07/30/2003

Date Investigation Completed: 09/18/2003

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.